

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application of:	Rothman et al.	Confirmation No.:	3143
Serial No.:	10/053,520	Art Unit:	1646
Filed:	January 17, 2002	Examiner:	Nirmal Singh Basi
For:	Conjugate Heat Shock Protein-Binding Peptides	Attorney Docket No.:	8449-429-999

**FEE TRANSMITTAL SHEET**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The fee required to be filed with the accompanying amendment of even date herewith concerning the above-identified application has been estimated to be \$5585.00.

The claim amendment fee has been estimated as shown below:

(Col 1)	(Col 2)	(Col 3)	<input checked="" type="checkbox"/> SMALL ENTITY	<input type="checkbox"/> OTHER THAN A SMALL ENTITY			
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID	PRESENT EXTRA	RATE	ADDT FEE	OR	RATE	ADDT. FEE
TOTAL 221	MINUS 20	201	x 25	\$ 5025.00		x 30	\$
INDEP 5	MINUS 3	2	x 100	\$ 200.00		x 250	\$
<input checked="" type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP CLAIM				\$ 360.00			\$
			TOTAL	\$ 5585.00	OR	TOTAL	\$ .....

Please charge the required fee to Jones Day Deposit Account No. 50-3013. A copy of this sheet is enclosed.

Respectfully submitted,

*Adriane M. Antler* 32,605  
 Adriane M. Antler (Reg. No.)  
 JONES DAY  
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Enclosure

**CERTIFICATION OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. 1.8(b)**

I hereby certify that this paper is being filed with the United States Patent and Trademark Office by facsimile transmission on April 15, 2005 to facsimile telephone number 571-273-8300

*Adriane M. Antler*  
 Adriane M. Antler

32,605  
 Reg. No.

NY ID: 1593045.1

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2001

Application or Docket Number

10053520

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS			
FOR	NUMBER FILED	NUMBER EXTRA	
TOTAL CHARGEABLE CLAIMS	16 minus 20 =	0	
INDEPENDENT CLAIMS	1 minus 3 =	0	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>	

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE

OTHER THAN  
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	370.00	OR BASIC FEE	740.00
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL		OR TOTAL	

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			Minus	=
Total	* 5	Minus	** 30	= 0
Independent	* 1	Minus	*** 3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY OR OTHER THAN  
OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			Minus	=
Total	* 15	Minus	** 30	= 0
Independent	* 1	Minus	*** 3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			Minus	=
Total	* 18	Minus	** 30	= 18
Independent	* 5	Minus	*** 3	= 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=	1950.00	OR X\$18=	
X42=	200.00	OR X84=	
+140=	180	OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

2330.00